Office

Title

Fire Authority Official (Signature)

Date

## PART IV RECOMMENDATION FOR WAIVER OF SPECIFIC LIFE SAFETY CODE PROVISIONS For each item of the Life Safety code recommended for waiver, list the survey report form item number and state the reason for the conclusion that; (a) the specific provisions of the code, if rigidly applied, would result in unreasonable hardship on the facility, and (b) the waiver of such unmet provisions will not adversely affect the health and safety of the patients. If additional space is required, attach additional sheet(s), PROVISION NUMBER(S) JUSTIFICATION K84 An annual/continuing waiver is being requested for K067. K067 A. Compliance with this provision will cause an unreasonable hardship because: The building Heating. 1. The most recent cost estimate dated for a complying ducted HVAC system is Ventilation & Air Conditioning 2. Efforts to obtain an estimate for a ducted system have been unsuccessful. Equipment (HVAC) 3. A ducted system would decrease the corridor headroom to less than that required by the LSC. does not comply with 4. The building electrical system would need to be upgraded to support a new ducted system. LSC (00) Section 9.2. 5. The ducted system would need to penetrate load bearing walls, decreasing building structural integrity. and NFPA 90A, 1999 6. Installation of a ducted system would require asbestos abatement which would increase the cost. Ed., because the 7. Existing non-complying HVAC systems can be allowed to continue in use. corridors are being used as a plenum. B. There will be no adverse effect on the building occupant's safety because: 1. The building is protected by a complete fire sprinkler system that complies with NFPA 13, 1999 Edition. 2. The existing HVAC system ventilation fans do automatically shut down upon activation of the fire alarm system, or detection of smoke in the HVAC system. 3. Resident sleeping rooms do have smoke detectors in lieu of fire sprinklers. 4. The corridors are equipped with a complying smoke detection system. 5. The facility is in compliance with all other fire safety requirements, or 6. The facility has obtained an approved plan of correction for any other fire safety deficiencies that were 7. This annual/continuing waiver has been approved in the past. Surveyor (Signature) Title Office Date Fire Authority Official (Signature) Title Office Date